ARIZONA STATE BOARD OF HEALTH	
11	ITAL STATISTICS State File No
STANDARD CERT	IFIGATE OF BIRTH Registered No.
County	
Of Yillage	
(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2. Full name of child Namea Velason	If child is not yet named, make supplemental report, as directed.
3. Sex of Child To be answered ONLY 4. Twin, triplet of other 6. Legitimate?	
female in event of plural 5. No., in order of birth.	of birth fame 20 129
8. FATHER	14. MOTHER
Full name Enlalis Velasquez	Full maiden name Natalia Longales
9. Residence (Usual place of abode) Miani (anion	15. Residence (Usual place of abode) Uniam Ana
If non-resident, give place and state.	If non-resident, give place and state.
10. Color or race	16. Color or race
Mexican 11. Age at last birthday 4/ (Years)	Mex Can 17. Age at last birthday 3/ (Years)
	27 · 18
12. Birthplace (city or place)	18. Birthplace (city or place)
	(State or country)
13. Occupation Surface laborer	19. Occupation
Copper -mire	Nature of industry
20. Number of children of this mother (a) Born alive as	nd now living 5 21. Were precautions taken against oph- ut now dead 2
	ut now dead 2
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*  Linerally certify that Lattended the birth of this child who was alively a G:40 F	
(Born alive or stillbean.)	
* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn	
child is one that neither breathes nor shows other evidence of life after birth.	
Given name added from a supplemental report.  Address Miani Guerran	
Month, day, year	
Registrar Registrar	
959-628-5722-	